## STATE OF SOUTH DAKOTA

## Statement of Legal Newspaper Ownership and Circulation OF STATE

Return to: Secretary of State, 500 E	. Capitol, Pierre, SD 3/301-3	
1. TITLE OF NEWSPAPER Stickney A	rgus	2. DATE 10-23-09
3. FREQUENCY OF ISSUE 3A. NO. OF ISSUES PUBLISH	HED ANNUALLY 3B. ANN	IUAL SUBSCRIPTION
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code)		
(Not printers) POBUX 216 While Lake GUYUR Co. 5.0 5738\$  5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE		
PUBLISHER (Not printers)		
6. FULL NAME OF PUBLISHER: Standard Publishing Loc.		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and		
addresses of stockholders owning or holding I percent or more of total amount of stock. If not owned by a corporation, the		
names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.		
FULL NAME COMPLETE MAILING ADDRESS		
Candice + Gustave Walti while Lake 50573		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING I		
PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so		
state. If more space is needed, list on back of this form.	. 9	
Mune	AVERAGE NO, COPIES	
9. EXTENT AND NATURE OF CIRCULATION	EACH	ACTUAL NO. COPIES ISSUED
* .	ISSUED PRECEDING 12 MONTHS	NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	520 ·	520
B.PAID AND/OR REQUESTED CIRCULATION		
Sales through dealers and carriers, street vendors and counter sales.	20	20
2. Mail Subscription		201
(Paid and or requested)	391	391
C.TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	411	411
D.FREE DISTRIBUTION  1. BY MAIL, CARRIER OR OTHER MEANS	0	0
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	411	411
F. COPIES NOT DISTRIBUTED  1. Office use, left over, unaccounted, spoiled after printing	18.61	1.5
	107	101
2. Return from News Agents G.TOTAL (Sum of E, Fl and F2 – Should equal net press run	<del> </del>	
shown in A)	1 5.20	520
Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public		
I swear that the statements made by me are true, o	correct, and complete:	
Sentan c- Walto	owner	in a
(Signature)	(Title)	
State of South Delete		
State of South Dakota )		
County of Hurora	Notary Public	
My commission expires: $4-12-14$		
(Seal)	to a manusion expires.	
MARY REINESCH	<b>f</b> . *	
Form: SOS REC 051 22004	<b>{</b>	
SOUTH JAKOTA (SAL)	1	
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